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Approved for use through 10/31/2002. OMB 0651-0031
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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	101065904
		Filing Date	11/27/2002
		First Named Inventor	Kuo-Hsuan Lu
		Group Art Unit	2652
		Examiner Name	
Total Number of Pages in This Submission	- 7	Attorney Docket Number	IA CP0026 USA

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input checked="" type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): A copy of notice to file corrected application papers
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	WINSTON HSU
Signature	
Date	11/18/2002

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: _____

Typed or printed name		
Signature	Date	

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



10065904.122702

Page 1 of 1

#3

Commissioner for Patents
Washington, DC 20231
www.uspto.gov

APPLICATION NUMBER	FILING/RECEIPT DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NUMBER
10/065,904	11/27/2002	Kuo-Hsuan Luo	IACP0026USA

CONFIRMATION NO. 5305

027765
NAIPO (NORTH AMERICA INTERNATIONAL PATENT OFFICE)
P.O. BOX 506
MERRIFIELD, VA 22116

FORMALITIES LETTER

OC00000009218313

Date Mailed: 12/10/2002

NOTICE TO FILE CORRECTED APPLICATION PAPERS***Filing Date Granted***

An application number and filing date have been accorded to this application. The application is informal since it does not comply with the regulations for the reason(s) indicated below. Applicant is given TWO MONTHS from the date of this Notice within which to correct the informalities indicated below. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

The required item(s) identified below must be timely submitted to avoid abandonment:

- Replacement drawings in compliance with 37 CFR 1.84 and 37 CFR 1.121 are required. The drawings submitted are not acceptable because:
 - Numbers, letters, and reference characters on the drawings must measure at least 0.32 cm (1/8 inch) in height. See Figure(s) 1 to 4.

*A copy of this notice **MUST** be returned with the reply.*

Customer Service Center

Initial Patent Examination Division (703) 308-1202

PART 2 - COPY TO BE RETURNED WITH RESPONSE



HHS

PTO/SB/17 (10-01)
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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT	(\$)	0.00
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Complete if Known	
Application Number	10/065,904
Filing Date	11/27/2002
First Named Inventor	Kuo-Hsuan Luo
Examiner Name	
Group Art Unit	2652
Attorney Docket No.	JACP0026USA

METHOD OF PAYMENT

1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:	
Deposit Account Number	50-0801
Deposit Account Name	
North America International Patent Office	
<input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	
2. <input type="checkbox"/> Payment Enclosed:	
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other	

FEE CALCULATION

1. BASIC FILING FEE

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Code (\$)		
101	740	201	370	Utility filing fee	
106	330	206	165	Design filing fee	
107	510	207	255	Plant filing fee	
108	740	208	370	Reissue filing fee	
114	160	214	80	Provisional filing fee	
SUBTOTAL (1)		(\$)	0.00		

2. EXTRA CLAIM FEES

Total Claims	Independent Claims	Multiple Dependent	Extra Claims	Fee from below	Fee Paid

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Code (\$)		
103	18	203	9	Claims in excess of 20	
102	84	202	42	Independent claims in excess of 3	
104	280	204	140	Multiple dependent claim, if not paid	
109	84	209	42	** Reissue independent claims over original patent	
110	18	210	9	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)		(\$)	0.00		

**or number previously paid, if greater; For Reissues, see above

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Code (\$)
105	130	205	65
127	50	227	25
139	130	139	130
147	2,520	147	2,520
112	920*	112	920*
113	1,840*	113	1,840*
115	110	215	55
116	400	216	200
117	920	217	460
118	1,440	218	720
128	1,960	228	980
119	320	219	160
120	320	220	160
121	280	221	140
138	1,510	138	1,510
140	110	240	55
141	1,280	241	640
142	1,280	242	640
143	460	243	230
144	620	244	310
122	130	122	130
123	50	123	50
126	180	126	180
581	40	581	40
146	740	246	370
149	740	249	370
179	740	279	370
169	900	169	900
Other fee (specify) _____			

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)

0.00

Complete if applicable

SUBMITTED BY	Complete if applicable		
Name (Print/Type)	WINSTON HSU		
Registration No. (Attorney/Agent)	41,526		
Signature	<i>Winston Hsu</i>		
Telephone	886-2-8923-7350		
Date	12/18/2002		

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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